PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:

ULRICH MOOSHEIMER ET AL. - 1

FOR:

HANGER LABEL

INFORMATION DISCLOSURE STATEMENT

MAIL STOP PATENT APPLICATIONS Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants wish to bring to the attention of the Patent Examiner the references listed on the enclosed Form PTO-1449 and attached thereto. These references were cited in the specification on pages 1 and 2 and/or the German priority application. Since the instant Information Disclosure Statement (IDS) is being filed concurrently with the application, no official fee is required in connection with the same. It is respectfully requested that the foregoing IDS be incorporated into the official file of the concurrently-filed patent application.

Respectfully submitted,

Attorneys for Applicant

ULRIGH MOOSHEIMER ET AL. - 1

Allison C. Collard, Reg. No. 22,532

Edward R. Freedman, Reg. No. 26,048

Elizabeth Collard Richter, Reg. No. 35,103

COLLARD & ROE, P.C. 1077 Northern Boulevard Roslyn, New York 11576 (516) 365-9802

ecr/jc

Enclosures:

Form PTO-1449 and four (4) references

EXPRESS MAIL NO. <u>EL 975 567 298 US</u>

Date of Deposit: February 20, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, on the date indicated above, and is addressed to Commissioner of Patents, P.O. Box 1450, Alexandria, WA 22313-1450.

Maria Guastella

FORM PTO-1449 (REV. 7-80)			I.S. DEPARTMENT O PATENT AND TRADE			OCKETNO: SHEIMER ET AL-	1	SERIAL NO.			
LIST OF	REFERI	ENCES	S CITED BY	APPLICANT	APPLIC	ANT: ULRICH MOO	SHEIMER	ET AL.			
(Use several sheets if necessary)	FILING	FILING DATE:		GROUP:				
				U.S.	PATEN	T DOCUMENTS			_		
'EXAMINER INITIAL			MENT NUMBER	DATE	NAME		CLASS	SUBCLASS	FILING DATE IF APPROPRIATE		
	AA							_			
	AB										
	AC					I I					
	AD										
	AE										
	AF										
	AG	<u> </u>			To specify to						
	АН				*						
	AI				*						
	AJ										
	AK										
				FOREIG	SN PATI	ENT DOCUMENTS					
		DOCUMENT NUMBER		DATE	COUNTRY		CLASS	SUBCLASS	TRANSLATION		
	AL	30 0	7 862	09/1990	Germany				YES	NO.	
	AM	39 07 862 91 01 464.6 195 05 531 0 628 321		06/1991	Germany		is .				
	AN			08/1996	Germany						
	AO			12/1998	Europe						
	AP								-		
	-	ОТ	HER REFER	RENCES (In	cluding A	uthor, Title, Date, Pert	inent Pages	., Etc.)	•		
	AR					1.0					
					:						
	AS	<u> </u>)						
	AT							_			
					<u> </u>	·					
EXAMINER					• • •	DATE CONSIDERED					
'EXAMINER: In with next comm	itial if reference	oe consider pplicant.	ed, whether or not cit	ation is in conforma	nce with MPE	P 609; draw line through citation if no	at in conformance	and not considered.	include copy of	f this form	